SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT		
Date Of Report	23/05/2020 13:10		
Date Of Accident	22/05/2020 20:10		
Exact Location Of Accident	AYE EXIT 11 TOWARDS CLEMENTI AVE 6		
Country/State of Loss	SINGAPORE		

Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA2398P	
Insured/Policyholder		
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD	
Co Reg No	1XXXXX821R	
Email Address	FLEETSAFETY@CDGTAXI.COM.SG	
Mobile Phone No		
Alternative Phone No	OFFICE-65508768	
Vehicle Particulars		
Manufacturer	TOYOTA	
NA - 4-1	DDILLE	

Manufacturer TOYOTA

Model PRIUS

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

Insurance Company

Name of Insurance Company

MS FIRST CAPITAL INSURANCE LTD THIRD PARTY FIRE AND/OR THEFT

Type Of Coverage Fleet Policy

YES

Policy Number

D-18088936MFSH

Cover Note Number

Driver

 Name of Driver
 TEO SING HANG

 NRIC No
 SXXXX931E

 Date Of Birth
 18/12/1953

 Occupation
 OUTDOOR

Date Of Driving Pass

24/07/1974

Driving Experience

45 YEARS AND 9 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-91553813

Fax Number

Contact Number

EMail Address

TEOJIHAO@GMAIL.COM

Address

BLK 606 SENJA ROAD #09-49

Postcode

670606

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

GENDER:

: FEMALE

Passenger 3

NAME:

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YP6294Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

ZHOU YUNLEI

NRIC/Passport Number

Page 2 of 18

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

FRT

Sketch Plan Pg. 1

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information setout in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary invesigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outlisde of Singapore, for one or more of the above
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection. investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared/disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

COMPORT TRANSPORTATION PILETTO CO. REG NO. 1993038214

Policyholder's Signature Date & Time:

Driver's Signa (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No. 2 3 MAY 2020

Olivia Wend

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DECLARATION		and the commence of the control of t
We declare the foregoing particulars are true	in every respect.	Olivia Wares 1 208
COMFORT TRANSPORTATION FOR LITE CO. REG. NO. 199303521R	SWID	Carrier Merion,
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Date & Time:

NRIC/FIN No.: 23 MAY 2020

Sketch Plan Pg. 3

Describe Circumstances of t	the Accident.	
On the 22/05/2020 at abou	t 20:10hrs, I was driving along AYE Exit 11 tov	wards Clementi Ave 6
direction with 3 passenger	on board my taxi.	
As I approached the give wa	ay line, I stop to checked the traffic is clear fro	om incoming vehicle
before I drive out when the	re's an impact from behind my taxi. So I step	out to checked and
found out a Lorry of YP6294	IZ front portion had collided onto my rear lef	t portion of my
taxi.		
No injury at the point of acc	cident.	
100000		
Company of the Compan		
Declaration		
I/We declare the foregoing partic	culars are true in every respect.	
		\ /
OMFORT TRANSPORTATION F GO, REG. NO. 199303821		Olice Wend
Policyholder's Signature/Date &	Driver's Signature(If driver is not the policyholder)/Date & Time	Witnessed by Reporting Centre Personnel
inne	or tittle	Centre Personnei

2.3 MAY 2020